Case 17-17970 Doc 1 Filed 06/13/17 Entered 06/13/17 14:51:24 Desc Main Document Page 1 of 56 United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | | Case No |
|----------------------------|---|--|
| King, Kimberly G | | Chapter 13 |
| | Debtor(s) | • |
| | VERIFICATION OF CREDIT | OR MATRIX |
| | | Number of Creditors 53 |
| The above-named Debtor(s) | hereby verifies that the list of creditors is t | rue and correct to the best of my (our) knowledge. |
| Date: June 13, 2017 | /s/ Kimberly G King | |
| | Debtor | |
| | | |
| | Joint Debtor | |

1st Loan Financial 1113 W Chicago Ave Chicago, IL 60642-5702

Alamo Rent A Car 203 N. LaSalle Chicago, IL 60601

America's Fi 2 W. Madison St. Oak Park, IL 60302

America's Financial Choice 3555 W. Irving Park Rd Chicago, IL 60607

American Infosource LP P.O. Box 268941 Midland Funding LLC Oklahoma City, OK 73126-0000

Americash 4741 N Western Ave C/O Gary Smiley Chicago, IL 60625

Antoinette Eugene P.O. Box 11380 Chicago, IL 60611 Arnold Scott Harris, P.C. 222 Merchandise Mart Plaza Ste 1900 Chicago, IL 60654

AT&T Credit Management PO Box 721440 Norman, OK 73070

Atlantic Card P.O. Box 13386 Re: HSBC Roanoke, VA 24033

Bank Of America P.O. Box 982235 El Paso, TX 79998-0000

Certified Services Inc 1733 Washington St Ste 2 Waukegan, IL 60085

City Of Chicago P.O. Box 88292 Department Of Revenue Chicago, IL 60680-1292

City Of Chicago Bureau Parking Rm 540 333 S State St Chicago, IL 60604

Cnac-Downers Grove 2311 Ogden Ave Downers Grove, IL 60515

Com Ed 3 Lincoln Center Oakbrook Terrace, IL 60181-0000

Comcast 1500 Market St Philadelphia, PA 19102-0000

Corporate 23220 Chagrin Beachwood, OH 44122

Credit Acceptance 25505 W 12 Mile Rd Southfield, MI 48034

Dependon Collection Se Po Box 4833 Oak Brook, IL 60522

Drive Financial P.O. Box 562088 Attn: Bankruptcy Dept Dallas, TX 75247

Fairlane Credit P.O. Box 62180 Colorado Springs, CO 80962

Fairlane Credit P.O. Box 62180 Colorado Springs, CO 62180

Harris Suite 700 600 W Jackson Chicago, IL 60661

Hsbc Bank Po Box 5253 Carol Stream, IL 60197

Illinois Department Of Revenue P.O. Box 64449 Collection Enforcement Chicago, IL 60664-0449

Illinois Department Of Revenue P.O. Box 64338 Bankruptcy Section Chicago, IL 60664-0338

Illinois Department Of Revenue P.O. Box 19035 Springfield, IL 62794

Internal Revenue Service 230 S Dearborn Street Mail Stop 5010 CHI Chicago, IL 60604

Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114

Linebarger Goggan Blair & Sampson LLP P.O. Box 06152 Re: City Of Chicago Chicago, IL 60606

M A R S Inc 5810 E Skelly Dr Tulsa, OK 74135

M.a.r.s.inc 5810 E Skelly Dr Tulsa, OK 74135

Mcsi Inc Po Box 327 Palos Heights, IL 60463

Mecial Katz Gershenzon P.O. Box 64378 C/O IC System Inc Saint Paul, MN 55164 Medical Chicago Central Emerg Phys P.O. Box 140190 C/O United Collection Bureau Toledo, OH 43614

Mimi Berhanu 4420 N Clifton, Apt 2W Chicago, IL 60640

Nation Recovery Center, Inc. P.O. Box 48719 Atlanta, GA 30362

New Age Chicago Furniture Co 4238 S. Cottage Grove Chicago, IL 60653

Pathology Consultants Of Chica Po Box 4833 Oak Brook, IL 60522

Payday Loan Store 1215 E 87th Chicago, IL 60619

People's Gas 130 E Randolph St Chicago, IL 60601-6207 Prairie Anesthesia Llc 1733 Washington St Ste 2 Waukegan, IL 60085

SBC

P.O. Box 4907 C/O NCO Financial Systems Trenton, NJ 08650

TCF National Bank Ste 101 101 E 5th St St Paul, MN 55101-0000

U.S. Cellular Dept 0203 Palatine, IL 60055

Universal Lenders PO Box 66818 Chicago, IL 60666-0818

Universal Lenders Inc 9950 Lawrence Ave, Ste 307 Schiller Park, IL 60176

University Of Chicago Medical Center 1122 Paysphere Circle Chicago, IL 60674

Vanguard Alamo Rent A Car 600 Corporate Park Drive Saint Louis, OK 63105

Vanguard/alamo Rent A Car 5810 E Skelly Dr Tulsa, OK 74135

Village Of Homewood 2020 Chestnut Road Homewood, IL 60430

Wilson Property Management 2035 W Giddings St Chicago, IL 60625-0000

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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t1: Identify Yourself | | | |
|---|---|---|--|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| Your full name | | | |
| Write the name that is on | Kimberly | | |
| your government-issued picture identification (for | First name | First name | |
| example, your driver's | G | | |
| license or passport). | Middle name | Middle name | |
| Bring your picture | King | | |
| identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | |
| | | | |
| All other names you have used in the last 8 years | | | |
| Include your married or maiden names. | | | |
| Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0918 | | |
| | Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. King Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 1: Kimberly First name G Middle name King Last name and Suffix (Sr., Jr., II, III) | About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. King Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 2 (Spouse Only in a Joint Case): First name First name Middle name Last name Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. |

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Debtor 1 King, Kimberly G

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs | | | |
| 5. | Where you live | Apt 1 3531 S Indiana Chicago, IL 60653 | If Debtor 2 lives at a different address: | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Cook | County | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Document Debtor 1 King, Kimberly G

| | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
|--|---|--|---------------|--|--------------------|--|--------------------------------|--|--|
| | choosing to file under | 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 | | | | | | | |
| | | | apter 11 | | | | | | |
| | | | • | | | | | | |
| | | _ | apter 12 | | | | | | |
| | | ■ Ch | apter 13 | | | | | | |
| 8. | How you will pay the fee | _ | about how you | n may pay. Typically, if you are y is submitting your payment o | paying the fee you | ck with the clerk's office in your lourself, you may pay with cash, can attorney may pay with a credit c | shier's check, or money order. | | |
| | | | | the fee in installments. If your stallments (Official Form 103 | | on, sign and attach the Application | on for Individuals to Pay The | | |
| | | | • | t my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge ma | | | | | |
| | | not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition. | | | | | | | |
| 9. Have you filed for bankruptcy within the la | | ☐ No. ■ Yes | | | | | | | |
| | | | District | Northern District Of Illinois | When | Case number | 11-41266 | | |
| | | | | Northern District of | | | | | |
| | | | District | Illinois | When | Case number | 13-36653 | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy cases pending or being filed by | ■ No | | | | | | | |
| | a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | | | | | | | |
| | | | Debtor | | | Relationship to y | ou | | |
| | | | District | | When | Case number, if | known | | |
| | | | Debtor | | | Relationship to y | ou | | |
| | | | District | | When | Case number, if | known | | |
| 11. | Do you rent your residence? | ■ No. | Go to li | ne 12. | | | | | |
| | | ☐ Yes | . Has yo | ur landlord obtained an evictio | n judgment agains | t you and do you want to stay in y | our residence? | | |
| | | | | No. Go to line 12. | | | | | |
| | | | | | | Judgment Against You (Form 10 | | | |

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| Debt | tor 1 King, Ki | mberly G | | | Document | Page 13 c | of 56 Case numb | oer (if known) | | |
|---|---|--------------------------|------------------------|----------------|---|--------------------|---------------------|----------------------|-----------------------|----------|
| | | | | | | | | | | |
| Part | 3: Report Ab | out Any Bus | sinesses ' | You Own | as a Sole Proprietor | | | | | |
| 12. | Are you a sole of any full- or p business? | | ■ No. | Go to | Part 4. | | | | | |
| | | | ☐ Yes. | Name | e and location of business | | | | | |
| | A sole proprietor | • | | | | | | | | |
| | business you op- individual, and is separate legal er a corporation, pa or LLC. | s not a ntity such as | | | e of business, if any | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | | | | per, Street, City, State & ZI | | | | | |
| | to this petition. | | | | k the appropriate box to de | • | | | | |
| | | | | | Health Care Business (as | | • , ,, | | | |
| | | | | | Single Asset Real Estate | ` | • , |)) | | |
| | | | | | Stockbroker (as defined i | • | ` | | | |
| | | | | | Commodity Broker (as de | efined in 11 U.S.C | 5. § 101(6)) | | | |
| | | | | | None of the above | | | | | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | | | deadlines operation | s. If you in | der Chapter 11, the court modicate that you are a small to ow statement, and federal ir . | business debtor, y | ou must attach you | ır most recent bala | ance sheet, stateme | nt of |
| | For a definition of | | ■ No. | I am r | not filing under Chapter 11. | | | | | |
| | business debtor, U.S.C. § 101(51 | | □ No. | I am f Code | filing under Chapter 11, but | it I am NOT a sma | all business debtor | according to the | definition in the Ban | kruptcy |
| | | | ☐ Yes. | I am f | filing under Chapter 11 and | d I am a small bus | siness debtor acco | rding to the definit | tion in the Bankrupt | cy Code. |
| Part | 4: Report if Y | ou Own or | Have Any | Hazardo | us Property or Any Prope | erty That Needs | Immediate Attenti | ion | | |
| 14. | Do you own or | | ■ No. | | | | | | | |
| | property that pe alleged to pose | | | | | | | | | |
| | imminent and in | dentifiable | – 163. | What is | the hazard? | | | | | |

hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 King, Kimberly G

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

credit counseling because of:

П Incapacity.

> I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Page 15 of 56 Case number (if known) Document Debtor 1 King, Kimberly G Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ■ No. Go to line 16b. ■ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that after I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are ☐ Yes. any exempt property is paid that funds will be available to distribute to unsecured creditors? excluded and administrative expenses ☐ No are paid that funds will be ☐ Yes available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ■ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **□** \$100.001 - \$500.000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities to □ \$50,001 - \$100,000 □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kimberly G King Signature of Debtor 2 Kimberly G King

Executed on

MM / DD / YYYY

Signature of Debtor 1

June 13, 2017 MM / DD / YYYY

Executed on

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Debtor 1 King, Kimberly G

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ I nomas Drexier | Date | June 13, 2017 | |
|--|---------------|----------------|--|
| Signature of Attorney for Debtor | | MM / DD / YYYY | |
| Thomas Drexler | | | |
| Printed name | | | |
| Law Office of Thomas W. Drexler | | | |
| Firm name | | | |
| | | | |
| 221 N La Salle St Ste 1600 | | | |
| Chicago, IL 60601-1431 | | | |
| Number, Street, City, State & ZIP Code | | | |
| | | | |
| Contact phone | Email address | td@drexlaw.com | |
| 03121682 | | | |
| Day number 9 Ctate | | | |

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| | | Document | Page 17 of 56 | | | | |
|---------------------------------|---|---|-----------------------------------|------------------------------|---|--|--|
| Fill in this info | rmation to identify your o | ase and this filing: | | | | | |
| Debtor 1 | Kimberly G King | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| | | | | | | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS, EASTERN DIVISIO | <u>N</u> | | | |
| Case number | | | | | ☐ Check if this is an | | |
| | | | | | amended filing | | |
| | | | | | | | |
| Official F | orm 106A/B | | | | | | |
| | _ | | | | | | |
| Scheau | ıle A/B: Prop | erty | | | 12/15 | | |
| hink it fits best. | Be as complete and accurate ore space is needed, attach a | items. List an asset only once. If e as possible. If two married peop a separate sheet to this form. On t | ole are filing together, both are | e equally responsible for su | upplying correct | | |
| Part 1: Describ | e Each Residence, Building | Land, or Other Real Estate You C | wn or Have an Interest In | | | | |
| . Do vou own o | r have any legal or equitable | interest in any residence, building | g. land, or similar property? | | | | |
| _ | and any logal of equilibrium | ,,,,, | ,, .aa, e. ea. p. epe | | | | |
| No. Go to P | art 2. | | | | | | |
| ☐ Yes. Where | e is the property? | | | | | | |
| Part 2: Describ | pe Your Vehicles | | | | | | |
| | | | | | | | |
| B. Cars, vans, a □ No ■ Yes | trucks, tractors, sport util | ity vehicles, motorcycles | | | | | |
| | | | | | | | |
| 3.1 Make: | Honda | Who has an interest in | the property? Check one | | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> : | | |
| Model: | Accord | ■ Debtor 1 only | | | aims Secured by Property. | | |
| Year: | 1998 | Debtor 2 only | | Current value of the | Current value of the | | |
| | nate mileage: 120 | | , | entire property? | portion you own? | | |
| Other info | ormation: | At least one of the de | btors and another | | | | |
| | | Check if this is come (see instructions) | munity property | \$600.00 | \$600.00 | | |
| | | Vs and other recreational veh all watercraft, fishing vessels, sn | | | | | |
| ☐ Yes | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | ou own for all of your entries f nat number here | | | \$600.00 | | |
| | | | | | | | |
| | be Your Personal and House | | uina itomo | | Command value of the | | |
| you own o | i nave any legal or equita | ble interest in any of the follow | ving items? | | Current value of the portion you own? | | |
| | | | | | Do not deduct secured | | |
| | | | | | claims or exemptions. | | |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B

Schedule A/B: Property

page 1

| Dahtand | Case 17- | | | 06/13/17 ument | Page 18 of 56 | 3/17 14:51:24 | Desc Main |
|---|---|---|---------------------|-------------------|-----------------------------|-------------------------|--|
| Debtor 1 | King, Kimb | eriy G | | | | ase number (if known) | |
| Yes. | Describe | Usual compl | lement of hous | sehold goo | ds | | \$750.00 |
| | | Usual Comp | lement of Hous | sehold Go | nds | | \$500.00 |
| | | Osuai Comp | iement of flou | Seriola Got | | | |
| □ No | les: Televisions a | nd radios; audio, vi I phones, cameras 2 TV's, cell p | s, media players, (| | ent; computers, printers, | scanners; music colle | ctions; electronic devices |
| Example ■ No | | figurines; painting nemorabilia, colle | | artwork; books | s, pictures, or other art o | bjects; stamp, coin, or | baseball card collections; other |
| Example No | ent for sports alles: Sports, photo instruments Describe | | and other hobby e | quipment; bic | ycles, pool tables, golf c | lubs, skis; canoes and | kayaks; carpentry tools; musical |
| ■ No | | s, shotguns, amm | unition, and relate | ed equipment | | | |
| □ No | | othes, furs, leather | · • | | ccessories | | |
| | | Usual Comp | lement of Clot | hing | | | \$450.00 |
| | | Usual Comp | lement of Won | nen's Cloth | ing | | \$450.00 |
| ■ No □ Yes. 13. Non-fa Examp ■ No □ Yes. | Describe rm animals ples: Dogs, cats, Describe | birds, horses | | | g rings, heirloom jewelry | | silver |
| ■ No | Give specific inf | | ns you did not all | ready list, in | cluding any health aid | s you did not list | |
| | | of all of your ent | • | _ | y entries for pages yo | u have attached for | \$2,650.00 |
| Part 4: De | escribe Your Finar | icial Assets | | | | | |
| Do you ov | wn or have any l | egal or equitable | interest in any o | of the following | ng? | | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

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|-----------------------------|---|---------------------------|---|---|----------------------------|
| Debtor 1 | King, Kimberly G | | Document | Page 19 of 56 Case number (if known) | |
| 16. Cash | and a Marian and American | | a ha a sa sa sa fa alaman 19 | harandar harabaharan (Charana a Chara | |
| <i>Exam</i> _l No | pies: ivioney you nave in your | wallet, in you | r nome, in a sare deposit | box, and on hand when you file your petition | |
| Yes. | | | | | ¢50.00 |
| | | | | Cash | \$50.00 |
| | | | accounts; certificates of counts with the same inst | deposit; shares in credit unions, brokerage hous titution, list each. | ses, and other similar |
| □ No | | | Institution r | name: | |
| ■ Yes. | | | cauc | | |
| | 17.1. | | Health Ca | are Flex Account | \$200.00 |
| | s, mutual funds, or publicly ples: Bond funds, investment | | | y market accounts | |
| ☐ Yes. | l | nstitution or is | ssuer name: | | |
| | ublicly traded stock and in venture | terests in inc | corporated and uninco | porated businesses, including an interest i | n an LLC, partnership, and |
| ☐ Yes. | . Give specific information a Nam | bout them e of entity: | | % of ownership: | |
| ■ No □ Yes. | ment or pension accounts | out them er name: | | signing or delivering them. s accounts, or other pension or profit-sharing p | olans |
| □ No | | | (| 3 | |
| ■ Yes. | List each account separately Type of | y. account: | Institution r 401K | name: | \$3,000.00 |
| Your s Exam ■ No | | you have mad | ent, public utilities (electri | ne service or use from a company ic, gas, water), telecommunications companies, name or individual: | or others |
| 23. Annuit | ties (A contract for a periodic | payment of r | noney to you, either for lif | e or for a number of years) | |
| | Issuer name | and descript | ion. | | |
| | ts in an education IRA, in a .C. §§ 530(b)(1), 529A(b), an | | n a qualified ABLE prog | ram, or under a qualified state tuition prog | am. |
| ☐ Yes. | Institution na | me and desc | ription. Separately file the | records of any interests.11 U.S.C. § 521(c): | |
| 25. Trusts ■ No | s, equitable or future intere | sts in prope | rty (other than anything | g listed in line 1), and rights or powers exerc | cisable for your benefit |
| _ | Give specific information a | bout them | | | |
| | s, copyrights, trademarks, ples: Internet domain names, | | | | |

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|---------------------|--|--------------------------------|------------------------------------|---|---|
| Debtor 1 | King, Kimberly G | | Document | Case number (if known) | |
| ☐ Ye | s. Give specific information a | about them | | | |
| <i>Exai</i> ■ No | uses, franchises, and other of the second sec | sive licenses, d | | oldings, liquor licenses, professional licenses | |
| Money o | r property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | efunds owed to you s. Give specific information ab | oout them, inclu | ıding whether you alread | y filed the returns and the tax years | |
| Exar ■ No | ly support nples: Past due or lump sum s. Give specific information | | sal support, child suppo | ort, maintenance, divorce settlement, property s | settlement |
| Exar | r amounts someone owes y nples: Unpaid wages, disabilit unpaid loans you mad s. Give specific information | ty insurance pa | | ts, sick pay, vacation pay, workers' compensati | ion, Social Security benefits; |
| <i>Exai</i> □ No | , | · | , , | SA); credit, homeowner's, or renter's insurance | |
| ■ Yes | s. Name the insurance compa Com | ny of each poli npany name: | cy and list its value. | Beneficiary: | Surrender or refund value: |
| | | m Life & Ac Work (no ca | cidental Life Insura ase value) | nce | \$0.00 |
| If you died: | nterest in property that is duare the beneficiary of a living s. Give specific information | | | I rance policy, or are currently entitled to receive p | property because someone has |
| <i>Exai</i> ■ No | ns against third parties, when mples: Accidents, employments. Describe each claim | nt disputes, ins | | or made a demand for payment to sue | |
| ■ No | contingent and unliquidate s. Describe each claim | | every nature, including | counterclaims of the debtor and rights to s | et off claims |
| ■ No | inancial assets you did not s. Give specific information | already list | | | |
| | - | | | y entries for pages you have attached for | \$3,250.00 |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 4

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

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Case number (if known) Document Debtor 1 King, Kimberly G 37. Do you own or have any legal or equitable interest in any business-related property? ■ No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$600.00 Part 3: Total personal and household items, line 15 \$2,650.00 58. Part 4: Total financial assets, line 36 \$3,250.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$6,500.00 Copy personal property total \$6,500.00

\$6,500.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

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| Fill in this informa | ation to identify your | case: | | | |
|-----------------------|------------------------|-------------------|-------------------------------|----------|-------------------------------------|
| Debtor 1 | Kimberly G King | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ban | kruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | | |
| Case number(if known) | | | | - | heck if this is an mended filing |
| | | | | <u>-</u> | • |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Charifia laws that allow examption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Current value of the Amount of the exemption you claim

| Schedule A/B that lists this property | portion you own | AIII | ount of the exemption you claim | Specific laws that allow exemption | |
|---|-------------------------------------|------|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| Honda Accord | \$600.00 | | \$500.00 | 735 ILCS 5/12-1001(c) | |
| 1998 120000 Line from <i>Schedule A/B</i> : 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Usual Complement of Household Goods | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) | |
| Line from Schedule A/B. 6.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2 TV's, cell phone Line from Schedule A/B 7.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) | |
| Life from Schedule Add. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Usual Complement of Women's Clothing | \$450.00 | • | \$450.00 | 735 ILCS 5/12-1001(a) | |
| Line from Schedule A/B. 11.2 | | | 100% of fair market value, up to any applicable statutory limit | | |

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| (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed of | if of after the date of adjustment.) |
|---|--------------------------------------|
| ■ No | |
| ☐ Yes. Did you acquire the property covered by the exemption within 1,215 | days before you filed this case? |
| □ No | |
| ☐ Yes | |

| Case | : 17-17970 | Document | Page 24 | 06 E6 | 51.24 Desc | Malli |
|------------------------------------|-------------------------------|--|-----------------|-------------------------|---------------------|----------------------|
| Fill in this informati | on to identify you | | Paue 74 | 01.30 | | |
| | | | | | | |
| | Kimberly G King First Name | | Last Name | | | |
| Debtor 2 | T HOC TYCHTO | Middle Name | Last Hame | | | |
| - | First Name | Middle Name | Last Name | | | |
| United States Bankru | uptcy Court for the: | NORTHERN DISTRICT OF ILLIN | NOIS, EASTE | RN DIVISION | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Chec | ck if this is an |
| | | | | | ame | nded filing |
| Official Form 1 | 106D | | | | | |
| | | Who Have Claims S | ecured | by Property | У | 12/15 |
| | | f two married people are filing together, , number the entries, and attach it to thi | | | | |
| 1. Do any creditors hav | e claims secured by | vour property? | | | | |
| | - | s form to the court with your other scho | edules You h | ave nothing else to re | oort on this form | |
| _ | of the information be | • | caalco. Toa H | ave nothing cloc to rep | Sort on this form. | |
| | | elow. | | | | |
| Part 1: List All S | ecured Claims | | | Column A | Column B | Column C |
| | | nore than one secured claim, list the creditor a particular claim, list the other creditors in | | Amount of claim | Value of collateral | Unsecured |
| | | cal order according to the creditor 's name. | | Do not deduct the | that supports this | portion |
| 2.1 1st Loan Fin | anaial | Describe the property that secures the | a alaim. | value of collateral. | claim | If any \$0.00 |
| 2.1 1st Loan Fin | ialiciai | 1998 Honda Accord | - Clailli. | \$600.00 | \$600.00 | |
| | | 1990 Holida Accord | | | | |
| | | As of the data was file the plain in St | 1 11 11 1 | | | |
| 1113 W Chic | ago Ave | As of the date you file, the claim is: Ch apply. | neck all that | | | |
| Chicago, IL | 60642-5702 | ☐ Contingent | | | | |
| Number, Street, City | y, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the debt? | Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mo | ortgage or secu | red | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Debto | r 2 only | ☐ Statutory lien (such as tax lien, mecha | anic's lien) | | | |
| ☐ At least one of the d | lebtors and another | ☐ Judgment lien from a lawsuit | | | | |
| Check if this claim community debt | relates to a | Other (including a right to offset) | | | | |
| Date debt was incurre | d | Last 4 digits of account number | r | | | |
| | | | | | | |
| Add the dollar value of | of your entries in Col | umn A on this page. Write that number h | here: | \$600 | .00 | |
| | - | e dollar value totals from all pages. | | | | |
| Write that number here: | | | | \$600 | .00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Case 17-17970 Doc 1 Filed 06/13/17 Entered 06/13/17 14:51:24 Desc Main

| | | Document | Page | 25 of ! | 56 | | | |
|---|--|---|--|-------------------------------|---------------------------|--------------------|----------------------------|---------------------|
| Fill in this infor | mation to identify your cas | se: | | | | | | |
| Debtor 1 | Kimberly G King | | | | | | | |
| | First Name | Middle Name | Last Nam | ie | | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Nam | ıe | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS. E | ASTERN [| DIVISION | | | |
| J | | | | | | | | |
| Case number (if known) | | | | | | _ | Chook if th | io io on |
| ,ii kilowii) | | | | | | | Check if the amended to | |
| | 4005/5 | | | | | | | |
| Official For | | | | | | | | 40/45 |
| | | o Have Unsecured Part 1 for creditors with PRIORIT | | | | | | 12/15 |
| c: Creditors Who line Continuation Fase number (if kn | Have Claims Secured by Prop Page to this page. If you have lown). | d Leases (Official Form 106G). Dety. If more space is needed, cono information to report in a Paragraph (Claims | opy the Par | t you need, | , fill it out, number the | entries in t | he boxes on | the left. Attach |
| | All of Your PRIORITY Unse | | | | | | | |
| No. Go to | ors have priority unsecured o | alms against you? | | | | | | |
| Yes. | rait 2. | | | | | | | |
| identify what to possible, list the 1. If more than | ype of claim it is. If a claim has l ne claims in alphabetical order a n one creditor holds a particular | f a creditor has more than one pric poth priority and nonpriority amoun according to the creditor 's name. It claim, list the other creditors in Par | nts, list that of f you have n rt 3. | claim here an nore than tw | nd show both priority a | nd nonpriority | y amounts. As | s much as |
| (For an explar | nation of each type of claim, see | the instructions for this form in the | einstruction | booklet.) | Total claim | Priority amount | | onpriority nount |
| 2.1 Illinois | Department Of Reven | ue Last 4 digits of accou | ınt number | 0918 | \$10,000.00 | | 750.00 | \$9,250.00 |
| Priority C | reditor's Name | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | | | |
| Enforc Chicag | ox 64449 Collection ement go, IL 60664-0449 Street City State Zlp Code | When was the debt in As of the date you file | | is: Check : | all that apply | - | | |
| | ed the debt? Check one. | ☐ Contingent | o,o o | ioi oncon a | a. app.y | | | |
| Debtor 1 | only | ☐ Unliquidated | | | | | | |
| Debtor 2 | only | Disputed | | | | | | |
| Debtor 1 | and Debtor 2 only | Type of PRIORITY un | secured cla | aim: | | | | |
| ☐ At least o | one of the debtors and another | ☐ Domestic support of | bligations | | | | | |
| | this claim is for a community | debt Taxes and certain of | other debts | you owe the | government | | | |
| | subject to offset? | ☐ Claims for death or | | | - | | | |
| ■ No | | Other. Specify | | | | | | |
| ☐ Yes | | · · · · — | | - | | | | |

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| Debto | or 1 King, Kimberly G | Case number (if know) | |
|--------|---|---|---------------------------|
| 2.2 | Internal Revenue Service Priority Creditor's Name | Last 4 digits of account number 0918 \$70,000.00 \$2,00 When was the debt incurred? | 968,000.00 |
| | P.O. Box 21126 Philadelphia, PA 19114 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| ' | Who incurred the debt? Check one. | ☐ Contingent | |
| | Debtor 1 only | ☐ Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | |
| ı | ☐ Check if this claim is for a community debt s the claim subject to offset? ■ No | ■ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify | |
| | □ Yes | Other. Specify | |
| Part 2 | 2: List All of Your NONPRIORITY Unsecur | red Claims | |
| | o any creditors have nonpriority unsecured claim | | |
| _ | | • | |
| | No. You have nothing to report in this part. Submit t | nis form to the court with your other schedules. | |
| | Yes. | | |
| ur | nsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other | alphabetical order of the creditor who holds each claim. If a creditor has more tha aim. For each claim listed, identify what type of claim it is. Do not list claims already inc creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more |
| | | | Total claim |
| 4.1 | America's Fi | Last 4 digits of account number 0437 | \$0.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | 2 W. Madison St. | | _ |
| | Oak Park, IL 60302 | _ | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | П | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans | |
| | ☐ Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| | | · · · · · · · · · · · · · · · · · · · | _ |

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| Debtor | King, Kimberly G | Case number (f know) | |
|--------|--|---|----------------|
| 4.2 | America's Financial Choice Nonpriority Creditor's Name | Last 4 digits of account number | \$400.00 |
| | Nonpholity Creditor's Name | When was the debt incurred? | |
| | 3555 W. Irving Park Rd | | |
| | Chicago, IL 60607 | Accepted to the control of the state of the | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | <u> </u> | _ | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.3 | American Infosource LP | Last 4 digits of account number | ₹744.00 |
| 4.5 | Nonpriority Creditor's Name | | \$711.00 |
| | | When was the debt incurred? | |
| | P.O. Box 268941 Midland Funding | | |
| | LLC | | |
| | Oklahoma City, OK 73126 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| | | | |
| 4.4 | Americash Nonpriority Creditor's Name | Last 4 digits of account number | \$12,884.00 |
| | Nonpholity Greator's Name | When was the debt incurred? | |
| | 4741 N Western Ave C/O Gary | | |
| | Smiley | | |
| | Chicago, IL 60625 Number Street City State Zlp Code | As of the date you file the claim in Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Пол | |
| | _ | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | ☐ Yes | Other. Specify | |

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Debtor 1 King, Kimberly G Case number (if know) \$5,913.00 4.5 **Antoinette Eugene** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 11380 Chicago, IL 60611 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 **AT&T Credit Management** Last 4 digits of account number 1373 \$165.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 721440 Norman, OK 73070 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.7 Last 4 digits of account number \$64.00 AT&T Credit Management 1349 Nonpriority Creditor's Name When was the debt incurred? PO Box 721440 Norman, OK 73070 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 King, Kimberly G Case number (if know) 4.8 **Atlantic Card** \$1,816.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 13386 Re: HSBC Roanoke, VA 24033 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.9 **Bank Of America** Last 4 digits of account number \$500.00 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 982235 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.10 City Of Chicago Bureau Parking Last 4 digits of account number \$8,590.00 Nonpriority Creditor's Name When was the debt incurred? Rm 540 333 S State St Chicago, IL 60604 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 King, Kimberly G 4.11 Last 4 digits of account number **Cnac-Downers Grove** 9455 unknown Nonpriority Creditor's Name When was the debt incurred? 2311 Ogden Ave **Downers Grove, IL 60515** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.12 Com Ed Last 4 digits of account number \$600.00 Nonpriority Creditor's Name When was the debt incurred? 3 Lincoln Center Oakbrook Terrace, IL 60181 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.13 Last 4 digits of account number \$350.00 Comcast Nonpriority Creditor's Name When was the debt incurred? 1500 Market St Philadelphia, PA 19102 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 King, Kimberly G Case number (if know) \$1,173.00 4.14 Corporate Last 4 digits of account number 3551 Nonpriority Creditor's Name When was the debt incurred? 23220 Chagrin Beachwood, OH 44122 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.15 **Credit Acceptance** Last 4 digits of account number 1899 \$6,746.00 Nonpriority Creditor's Name When was the debt incurred? 25505 W 12 Mile Rd Southfield, MI 48034 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.16 **Drive Financial** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 562088 Attn: Bankruptcy Dept Dallas, TX 75247 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Case number (if know) Debtor 1 King, Kimberly G 4.17 \$0.00 **Fairlane Credit** Last 4 digits of account number 9639 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 62180 Colorado Springs, CO 80962 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.18 **Fairlane Credit** Last 4 digits of account number 1001 \$0.00 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 62180 Colorado Springs, CO 62180 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.19 **Hsbc Bank** Last 4 digits of account number \$0.00 7680 Nonpriority Creditor's Name When was the debt incurred? Po Box 5253 Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 King, Kimberly G Case number (if know) 4.20 \$0.00 **Hsbc Bank** Last 4 digits of account number 7682 Nonpriority Creditor's Name When was the debt incurred? Po Box 5253 Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.21 Mecial Katz Gershenzon Last 4 digits of account number \$53.00 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 64378 C/O IC System Inc Saint Paul, MN 55164 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **Medical Chicago Central Emerg** \$287.00 4 22 **Phys** Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 140190 When was the debt incurred? C/O United Collection Bureau **Toledo, OH 43614** Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Debtor 1 King, Kimberly G Case number (if know) \$1,200.00 4.23 New Age Chicago Furniture Co Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 4238 S. Cottage Grove Chicago, IL 60653 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.24 **Pathology Consultants Of Chica** Last 4 digits of account number \$365.00 Nonpriority Creditor's Name When was the debt incurred? Po Box 4833 Oak Brook, IL 60522 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.25 **Payday Loan Store** Last 4 digits of account number \$300.00 Nonpriority Creditor's Name When was the debt incurred? 1215 E 87th Chicago, IL 60619 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 King, Kimberly G \$1,890.00 4.26 People's Gas Last 4 digits of account number 9123 Nonpriority Creditor's Name When was the debt incurred? 130 E Randolph St Chicago, IL 60601-6207 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.27 Prairie Anesthesia Llc Last 4 digits of account number \$80.00 Nonpriority Creditor's Name When was the debt incurred? 1733 Washington St Ste 2 Waukegan, IL 60085 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.28 **SBC** Last 4 digits of account number \$421.00 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 4907 C/O NCO Financial **Systems** Trenton, NJ 08650 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Debtor 1 King, Kimberly G Case number (if know) \$500.00 4.29 **TCF National Bank** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Ste 101 101 E 5th St St Paul, MN 55101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.30 U.S. Cellular Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? **Dept 0203** Palatine, IL 60055 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.31 **Universal Lenders Inc** Last 4 digits of account number \$3,130.00 1150 Nonpriority Creditor's Name When was the debt incurred? 9950 Lawrence Ave. Ste 307 Schiller Park, IL 60176 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 King, Kimberly G **University Of Chicago Medical** \$615.00 4.32 Center Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1122 Paysphere Circle Chicago, IL 60674 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.33 Vanguard Alamo Rent A Car Last 4 digits of account number \$312.00 Nonpriority Creditor's Name When was the debt incurred? 600 Corporate Park Drive Saint Louis, OK 63105 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.34 Vanguard/alamo Rent A Car Last 4 digits of account number \$1,558.00 Nonpriority Creditor's Name When was the debt incurred? 5810 E Skelly Dr Tulsa, OK 74135 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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ase number (if know) Debtor 1 King, Kimberly G 4.35 \$250.00 Village Of Homewood Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2020 Chestnut Road Homewood, IL 60430 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Alamo Rent A Car ☐ Part 1: Creditors with Priority Unsecured Claims Line 4.33 of (Check one): 203 N. LaSalle Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60601 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Alamo Rent A Car Line 4.34 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 203 N. LaSalle ■ Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60601 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Arnold Scott Harris, P.C. Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 222 Merchandise Mart Plaza Ste ■ Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60654 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Certified Services Inc** Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1733 Washington St Ste 2 Part 2: Creditors with Nonpriority Unsecured Claims Waukegan, IL 60085 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? City Of Chicago Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 88292 Department Of Part 2: Creditors with Nonpriority Unsecured Claims Revenue Chicago, IL 60680-1292 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Dependon Collection Se** Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 4833 ■ Part 2: Creditors with Nonpriority Unsecured Claims Oak Brook, IL 60522 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Harris** Line 4.26 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Suite 700 600 W Jackson ■ Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60661

9123

Last 4 digits of account number

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| Debtor 1 King, Kimberly G | | Case number (if know) | |
|---|--|--|--|
| Name and Address Illinois Department Of Revenue | On which entry in Part 1 or Part 2 di Line 2.1 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims | |
| P.O. Box 64338 Bankruptcy Section Chicago, IL 60664-0338 | <u></u> 2. (2.1661. 6.16). | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| Chicago, IL 60664-0336 | Last 4 digits of account number | 0918 | |
| Name and Address | On which entry in Part 1 or Part 2 di | id you list the original creditor? | |
| Illinois Department Of Revenue P.O. Box 19035 | Line 2.1 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Springfield, IL 62794 | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | 0918 | |
| Name and Address | On which entry in Part 1 or Part 2 di | id you list the original creditor? | |
| Internal Revenue Service 230 S Dearborn Street Mail Stop | Line 2.2 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| 5010 CHI | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Chicago, IL 60604 | Last 4 digits of account number | 0918 | |
| Name and Address Linebarger Goggan Blair & | On which entry in Part 1 or Part 2 di Line 4.10 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims | |
| Sampson LLP P.O. Box 06152 Re: City Of Chicago | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Chicago, IL 60606 | | | |
| | Last 4 digits of account number | | |
| Name and Address M A R S Inc | On which entry in Part 1 or Part 2 di | · · | |
| 5810 E Skelly Dr | Line <u>4.33</u> of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Tulsa, OK 74135 | Last 4 digits of account number | — Fait 2. Grediors with Northholity Onsecured Claims | |
| | | | |
| Name and Address M.a.r.s.inc | On which entry in Part 1 or Part 2 di Line 4.34 of (<i>Check one</i>): | id you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 5810 E Skelly Dr | <u> </u> | Part 2: Creditors with Nonpriority Unsecured Claims | |
| Tulsa, OK 74135 | Last 4 digits of account number | , , | |
| Name and Address | On which entry in Part 1 or Part 2 di | id you list the original graditor? | |
| Mcsi Inc | Line 4.35 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| Po Box 327 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Palos Heights, IL 60463 | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 di | id you list the original creditor? | |
| Nation Recovery Center, Inc. P.O. Box 48719 | Line 4.8 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Atlanta, GA 30362 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| <u> </u> | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 di | | |
| Universal Lenders PO Box 66818 | Line 4.31 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Chicago, IL 60666-0818 | | , | |
| | Last 4 digits of account number | 1150 | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 80,000.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | | | | |

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Debtor 1 King, Kimberly G

| | | | | , | , <u> </u> |
|--------------|------------|---|------------|----------|------------------|
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 80,000.00 |
| Total claims | 6f. | Student loans | 6f. | \$ | Total Claim 0.00 |
| from Part 2 | 6g. 6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. 6h. | \$ \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 50,873.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 50,873.00 |

Official Form 106 E/F

| | | 12(1) | 111111111111111111111111111111111111 |
|---------------------|--------------------------|-------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | |
| Debtor 1 | Kimberly G King | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISIO |
| Case number | | | |
| (if known) | | | |
| | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

2.1 Wilson Property Management 2035 W Giddings St Chicago, IL 60625

Residential Lease

| | | Documer | nt Page 42 of 56 | |
|-----------------------|--|---|--|--|
| Fill in th | nis information to identify your ca | ase: | | |
| Debtor 1 | Kimberly G King | | | |
| 20010. | First Name | Middle Name | Last Name | • } |
| Debtor 2 | | | | . |
| (Spouse if, | filing) First Name | Middle Name | Last Name | |
| United S | States Bankruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS, EASTERN DIVISION | . (|
| Case nu | ımhar | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Oπ: ⁻: | al Farma 40011 | | | |
| | al Form 106H | | | |
| Sche | dule H: Your Code | ebtors | | 12/15 |
| | | | | |
| are filing and num | together, both are equally responder the entries in the boxes on t | onsible for supplying corr he left. Attach the Additio | you may have. Be as complete and acc ect information. If more space is neede nal Page to this page. On the top of any | d, copy the Additional Page, fill it out, |
| case nun | nber (if known). Answer every qu | lestion. | | |
| 1. D | o you have any codebtors? (If yo | ou are filing a joint case, do i | not list either spouse as a codebtor. | |
| | lo | | | |
| ■ Y | es | | | |
| | | | perty state or territory? (Community prop Fexas, Washington, and Wisconsin.) | perty states and territories include Arizona, |
| | , , , , , , | , | , | |
| ■ N | lo. Go to line 3. | | | |
| ΠY | es. Did your spouse, former spouse | e, or legal equivalent live with | h you at the time? | |
| | | | | |
| line 106l | 2 again as a codebtor only if tha | t person is a guarantor o | oouse as a codebtor if your spouse is fil r cosigner. Make sure you have listed tl fficial Form 106G). Use Schedule D, Sch | he creditor on Schedule D (Official Form |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZIF | ^o Code | | e creditor to whom you owe the debt edules that apply: |
| | | | | |
| 3.1 | Mimi Berhanu | | ☐ Schedule | D, line |
| | 4420 N Clifton, Apt 2W Chicago, IL 60640 | | | E/F, line4.17 |
| | Cilicago, IL 00040 | | □ Schedule | · · · · · · · · · · · · · · · · · · · |
| | | | Fairlane Cre | edit |
| | | | | |
| 3.2 | Mimi Berhanu | | ☐ Schedule | D, line |
| | 4420 N Clifton, Apt 2W | | | E/F, line 4.18 |
| | Chicago, IL 60640 | | ☐ Schedule | |
| | | | Fairlane Cre | |
| | | | | |

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| E:II | in this information to identify | VOLUE OCCOOL | | | | | | | |
|--------------------|--|---|--|-------------------------|----------------------|------------------------|----------------------------|----------------------------|--------------|
| | in this information to identify btor 1 Kimbe | erly G King | | | | | | | |
| Del | btor 2 buse, if filing) | ony o rung | | | | | | | |
| Uni | ited States Bankruptcy Court | for the: NORTHERN DISTR | RICT OF ILLINOIS, EASTER | RN | | | | | |
| | se number nown) | | _ | | ☐ An | | ed filing | g postpetition oving date: | chapter 13 |
| 0 | fficial Form 106I | | | | M | M / DD/ Y | YYYY | | |
| S | chedule I: Your | Income | | | | | | | 12/1 |
| sup spo atta | plying correct information. use. If you are separated an | s possible. If two married peous If you are married and not fill and your spouse is not filing we form. On the top of any addit | ing jointly, and your spou ith you, do not include in | ise is livi formatio | ng with yon about yo | ou, includ our spou | de informa ise. If more | ntion about y | our eded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | 2 or non-fil | ling spouse | |
| | If you have more than one jo | ob, | ☐ Employed | | | ☐ Empl | oyed | | |
| | attach a separate page with information about additiona | | ■ Not employed | | | ☐ Not e | mployed | | |
| | employers. | Occupation | Supervisor | | | | | | |
| | Include part-time, seasonal self-employed work. | l, or Employer's name | | | | | | | |
| | Occupation may include stu homemaker, if it applies. | udent or Employer's address | | | | | | | |
| | | How long employed | there? | | | _ | | | |
| Pai | rt 2: Give Details Abo | out Monthly Income | | | | | | | |
| | mate monthly income as of ess you are separated. | f the date you file this form. If | you have nothing to report f | or any lin | e, write \$0 | in the spa | ace. Include | e your non-fili | ng spouse |
| | ou or your non-filing spouse ha | ave more than one employer, conthis form. | mbine the information for all | employer | s for that p | erson on | the lines be | elow. If you ne | eed more |
| | | | | | For Debt | tor 1 | | otor 2 or ng spouse | |
| 2. | | s, salary, and commissions (I onthly, calculate what the monthl | | 2. \$ | 6,5 | 504.33 | \$ | N/A | - |
| 3. | Estimate and list monthly | overtime pay. | | 3. +\$ | | 0.00 | +\$ | N/A | - |
| 4. | Calculate gross Income. | Add line 2 + line 3. | | 4. \$ | 6.50 | A 33 | \$ | N/A | |

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| Deb | tor 1 | King, Kimberly G | _ | (| Case | e number (if kn | own) | | | | |
|-----|---------------------------|---|-----------------|------------|------|-----------------|-------------|---------------|-----------------------|------------------|-----------------|
| | | | | | | r Debtor 1 | | non-f | Debtor 2 filing sp | | |
| | Col | by line 4 here | 4. | | \$_ | 6,504 | .33 | \$ | | N/A | _ |
| 5. | List | t all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | à. | \$ | 1,460 | .33 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ | | .00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 |) . | \$ | 0 | .00 | \$ <u> </u> | - | N/A | - |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | 97 | '.50 | \$ | | N/A | - |
| | 5e. | Insurance | 56 | €. | \$_ | 515 | .67 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f | | \$_ | 0 | .00 | \$ | | N/A | _ |
| | 5g. | Union dues | 50 | | \$_ | | .00 | . \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | \$_ | 0 | .00 | . + \$ | | N/A | _ |
| 6. | Add | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 2,073 | .50 | \$ | | N/A | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 4,430 | .83 | \$ | | N/A | _ |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | a | \$ | 0 | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8t | | \$- | | 0.00 | · | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | \$ | | 0.00 | * | | N/A | _ |
| | 8d. | Unemployment compensation | 80 | d. | \$ | 0 | .00 | \$ | | N/A | _ |
| | 8e. | Social Security | 86 | €. | \$_ | 0 | .00 | \$ | | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f | | \$ | O | 0.00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | — ₈₀ | | \$ | | .00 | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | | 1.+ | \$ | | | + \$ | | N/A | _ |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | — 9. | [| \$ | 0 | .00 | \$ | | N/A | 4 |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 4,430.83 | + \$ | | N/A | = \$ | 4,430.83 |
| | | If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | <u> </u> | | 4,430.03 | | | 14/4 | | +,+30.03 |
| 11. | Sta Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your der friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not avecify: | epend | | ., | | • | | ule J. 11. | +\$ | 0.00 |
| 12. | | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | | | _S 12. | \$ | 4,430.83 |
| | | | | | | | | | | Combin monthl | ned y income |
| 13. | Do □ | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| Fill in | n this informa | tion to identify you | ır caşe: | | | | | |
|-----------------|-------------------------|--|--------------|--|----------------------|-------------|--|--|
| Debto | | Kimberly G K | | | | | eck if this is: | |
| Debto | or 2 use, if filing) | | | | | | An amended filing A supplement show expenses as of the | ving postpetition chapter 13 following date: |
| Unite | d States Bankr | uptcy Court for the: | | ERN DISTRICT OF ILLIN RN DIVISION | OIS, | | MM / DD / YYYY | |
| Case (If kno | number | | | | | | | |
| | | rm 106J | | | | ı | | |
| | | J: Your E | _ | | filing to gother had | h ava avua | lly recommendate for | 12/1 |
| infor | mation. If m | | ded, attac | f two married people are h another sheet to this fo | | | | supplying correct ur name and case numbe |
| Part | | ibe Your Househ | old | | | | | |
| 1. | Is this a join | | | | | | | |
| | ■ No. Go to | o line 2. s Debtor 2 live in | a separa | te household? | | | | |
| | □ N □ Y | | file Officia | al Form 106J-2, Expenses | for Separate Househ | oldof Debto | or 2. | |
| 2. | Do you have | e dependents? | □No | | | | | |
| | Do not list Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Son | | | Yes |
| | | | | | Daughter | | 7 | □ No ■ Yes |
| | | | | | Daagiitei | | | ■ res |
| | | | | | | | | ☐ Yes |
| | | | | | | | _ | □No |
| | | | | | | | | ☐ Yes |
| | expenses of | enses include f people other tha d your dependen | an ⊓ | No Yes | | | | |
| expe | nate your ex | | ır bankru | r Expenses ptcy filing date unless yo is filed. If this is a suppl | | | | |
| value | e of such as | sistance and hav | | overnment assistance if d it on Schedule I: Your i | | | Your exp | |
| (Offic | cial Form 10 | 61.) | | | | | Tour exp | 0011303 |
| | | or home ownershid any rent for the o | | es for your residence. In ot. | clude first mortgage | 4. | \$ | 1,450.00 |
| | If not includ | ed in line 4: | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. | \$ | 0.00 |
| | | rty, homeowner's, | or renter's | insurance | | 4b. | | 0.00 |
| | 4c. Home | maintenance, rep | air, and u | pkeep expenses | | 4c. | \$ | 0.00 |
| | | owner's associatio | | | | 4d. | | 0.00 |
| 5. | Additional n | nortgage paymer | nts for yo | ur residence , such as hon | ne equity loans | 5. | \$ | 0.00 |

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| King, Kimberly G | Case number (if known) | |
|--|---------------------------------------|---------------------------|
| Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 335.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 287.00 |
| 6d. Other. Specify: | 6d. \$ | 0.00 |
| Food and housekeeping supplies | 7. \$ | 595.00 |
| Childcare and children's education costs | 8. \$ | 575.00 |
| Clothing, laundry, and dry cleaning | 9. \$ | 90.00 |
| Personal care products and services | 10. \$ | 75.00 |
| Medical and dental expenses | 11. \$ | 100.00 |
| Transportation. Include gas, maintenance, bus or train fare. | 40 ft | 285.00 |
| Do not include car payments. | 12. \$ | |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 90.00 |
| Charitable contributions and religious donations | 14. \$ | 0.00 |
| Insurance. | | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15a. \$ | 0.00 |
| | · · · · · · · · · · · · · · · · · · · | 0.00 |
| 15c. Vehicle insurance | 15c. \$ | 115.00 |
| 15d. Other insurance. Specify: Renters Insurance Taxes. Do not include towarded technology and property and or 20. | 15d. \$ | 58.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. \$ | 0.00 |
| Installment or lease payments: 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | |
| 17c. Other. Specify: | 17b. \$ | 0.00 |
| | · | 0.00 |
| 17d. Other. Specify: | 17d. \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report a deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I) | | 0.00 |
| Other payments you make to support others who do not live with you. | \$ | 0.00 |
| Specify: | 19. | 3.00 |
| Other real property expenses not included in lines 4 or 5 of this form or on Sch | | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| Other: Specify: Auto Repair, Maint, Licensing | 21. +\$ | 75.00 |
| Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ | 4,130.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 2 \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 4,130.00 |
| Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 4,430.83 |
| 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 4,130.00 |
| | | • |
| 23c. Subtract your monthly expenses from your monthly income. | 220 | 300.83 |
| The result is your monthly net income. | 23c. \$ | 300.03 |
| Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect y modification to the terms of your mortgage? No. | | ase or decrease because o |
| — INO. | | |
| ☐ Yes. Explain here: | | |

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| | | | | | - | |
|---------------------------------------|---|-------------------------|--------------------------|--------------------------|---|----|
| Fill in this inform | nation to identify your o | case: | | | | |
| Debtor 1 | Kimberly G King | | | | | |
| | First Name | Middle Name | Last Name | | } | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS, EASTER | N DIVISION | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing | |
| Official Forn | | | | | | |
| Declarat | ion About a | ın Individua | I Debtor's S | chedules | 12/ | 15 |
| obtaining money years, or both. 18 | | connection with a bank | | | ment, concealing property, or 0, or imprisonment for up to 20 | |
| Did you pay | or agree to pay some | one who is NOT an attor | ney to help you fill out | pankruptcy forms? | | |
| ■ No | | | | | | |
| ☐ Yes. N | lame of person | | | | nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119 |) |
| | ty of perjury, I declare t true and correct. | hat I have read the sum | mary and schedules file | ed with this declaration | n and | |
| Kimber | Iberly G King rly G King e of Debtor 1 | | X Signature | of Debtor 2 | | |

Date ____

Date _**June 13, 2017**

| | | Docume | nt Page 48 of 56 | |
|--------------------------|--------------------------|-------------------|-------------------------------|--------------------------------------|
| Fill in this inform | mation to identify your | case: | | |
| Debtor 1 | Kimberly G King | | | |
| | First Name | Middle Name | Last Name |] |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | <u>N</u> |
| Case number _ (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets | | |
|-----|---|---------------------|----------------------------|
| | | Your as Value of | sets what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 6,500.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 6,500.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | Your lia Amount | bilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 600.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F | \$ | 80,000.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F | \$ | 50,873.00 |
| | Your total liabilities | \$ | 131,473.00 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ | 4,430.83 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,130.00 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other. | ner schedule | es. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a per purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159. | ersonal, fam | ily, or household |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this bo. | x and subm | it this form to the |

court with your other schedules.

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Page 49 of 56 Case number (if known) Debtor 1 King, Kimberly G

| | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ | 6,504.33 |
|--|--|----|----------|
|--|--|----|----------|

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Bort 4 on Schoolula E/E convitto followings | Total cla | aim |
|--|-----------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 80,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 80,000.00 |

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| 311 | in this inform | ation to identify you | case: | | | | | |
|---------------|---|--|--|--------------|----------------------------|--|---------|---|
| De | btor 1 | Kimberly G King | Middle Name | | Last Name | | | |
| De | btor 2 | ristrano | Middle Hame | | Last Hame | | | |
| (Sp | ouse if, filing) | First Name | Middle Name | | Last Name | | | |
| Un | ited States Bar | kruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLI | NOIS, EASTERN DIV | ISION | | |
| | se number nown) | | | | | | _ | neck if this is an nended filing |
| St | | of Financial | Affairs for Indi | | | | | 4/16 |
| info (if k | rmation. If me nown). Answe | ore space is needed, er every question. | ole. If two married people attach a separate sheet arital Status and Where \ | to this forn | n. On the top of any | | | |
| | | | | TOU LIVEU I | belore | | | |
| 1. | _ | current marital statu | Sf | | | | | |
| | ■ Married■ Not mar | ried | | | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other that | an where y | ou live now? | | | |
| | □ No | | | | | | | |
| | Yes. List | all of the places you live | ved in the last 3 years. Do | not include | where you live now. | | | |
| | Debtor 1 Pri | or Address: | Dates Debto | or 1 lived | Debtor 2 Prior Ad | dress: | | Dates Debtor 2 lived there |
| | 6133 S. Ind 133, S. Ind | diana, Chicago, IL liana, C | 60653 From-To: 08/09-09/1 | 1 | ☐ Same as Debtor | 1 | | ☐ Same as Debtor 1 From-To: |
| | es and territorie No Yes. Mal | es include Árizona, Cal | ver live with a spouse or ifornia, Idaho, Louisiana, edule H: Your Codebtors (| Nevada, Ne | ew Mexico, Puerto Ric | | | |
| Pa | rt 2 Explain | n the Sources of You | r Income | | | | | |
| 4. | Fill in the tota | I amount of income yo | nployment or from opera u received from all jobs an nave income that you receive | nd all busin | esses, including part- | time activities. | calenda | r years? |
| | □ No ■ Yes. Fill | in the details. | | | | | | |
| | | | Debtor 1 | | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | (bef | ore deductions and usions) | Sources of income Check all that apply. | | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions bonuses, tips | s, | \$30,211.00 | ☐ Wages, commiss bonuses, tips | ions, | |
| | | | ☐ Operating a business | s | | ☐ Operating a busing | ness | |

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| | | | Dol | otor 1 | | Debtor 2 | | |
|---|------------------------|---|--|--|---|--|--|----------------------|
| | | | | irces of income | Gross income | Sources of income | Gross incom | e |
| | | | | eck all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions) and exclusions | |
| For last calendar year: (January 1 to December 31, 2016) | | | Wages, commissions, uses, tips | \$79,562.00 | ☐ Wages, commissi bonuses, tips | ions, | | |
| | | | | Operating a business | | ☐ Operating a busin | ness | |
| | | dar year bef December 3 | 1 2015 \ | Nages, commissions, uses, tips | \$75,000.00 | ☐ Wages, commissi bonuses, tips | ions, | |
| | | | | Operating a business | | Operating a busin | ness | |
| | | dar year: December 3 | | Wages, commissions, uses, tips | \$0.00 | ☐ Wages, commissi bonuses, tips | ions, | |
| | | | | Operating a business | | ☐ Operating a busin | ness | |
| ■ | No Yes. | Fill in the de | tails. | | | | | |
| ш | res. | riii in the de | ians. | | | | | |
| | | | Sou | tor 1 rces of income | Gross income from | Debtor 2 Sources of income | Gross incom | |
| | | | Sou | | Gross income from each source (before deductions and exclusions) | | Gross income (before deductions) and exclusions | tions |
| Part 3: | List | t Certain Pa | Sou Des | rces of income | each source (before deductions and exclusions) | Sources of income | (before deduct | tions |
| | e either | Debtor 1's Neither De individual p | yments You Made or Debtor 2's deb btor 1 nor Debtor rimarily for a person | rces of income cribe below. Before You Filed for E ts primarily consumer 2 has primarily consument hal, family, or household | each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts apurpose." | Sources of income Describe below. | (before deductions) and exclusions | tions s) |
| 6. <u>Ar</u> | e either | Debtor 1's Neither De individual p | yments You Made or Debtor 2's deb btor 1 nor Debtor rimarily for a person | rces of income cribe below. Before You Filed for E ts primarily consumer 2 has primarily consument hal, family, or household | each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts a | Sources of income Describe below. | (before deductions) and exclusions | tions s) |
| 6. <u>Ar</u> | e either | Debtor 1's Neither De individual p During the No. Yes | yments You Made or Debtor 2's deb btor 1 nor Debtor rimarily for a persor 90 days before you Go to line 7. List below each c creditor. Do not i payments to an a | rces of income cribe below. Before You Filed for E ts primarily consumer 2 has primarily consumen hal, family, or household p filed for bankruptcy, did reditor to whom you paid nclude payments for don ttorney for this bankruptcy | each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts apurpose." you pay any creditor a total of a total of \$6,425* or more in onestic support obligations, su | Sources of income Describe below. are defined in 11 U.S.C. \$6,425* or more? ne or more payments arch as child support and | (before deductions and exclusions and exclusions § 101(8) as "incurred by the total amount you part alimony. Also, do not in | tions s) an aid tha |
| 6. <u>Ar</u> | e either No. | Debtor 1's Neither De individual p During the No. Yes * Subject to | yments You Made or Debtor 2's deb btor 1 nor Debtor rimarily for a person 90 days before you Go to line 7. List below each of creditor. Do not in payments to an a o adjustment on 4/4 r Debtor 2 or both | rces of income cribe below. Before You Filed for Ests primarily consumer 2 has primarily consumer and, family, or household preditor to whom you paid include payments for don torney for this bankruptcon 1/19 and every 3 years an have primarily consumers. | each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,425* or more in onestic support obligations, sury case. after that for cases filed on or a support of the su | Sources of income Describe below. are defined in 11 U.S.C. \$6,425* or more? ne or more payments ar ch as child support and after the date of adjustm | (before deductions and exclusions and exclusions § 101(8) as "incurred by the total amount you part alimony. Also, do not in | tions s) an aid tha |
| 6. <u>Ar</u> | e either No. | Debtor 1's Neither De individual p During the No. Yes * Subject to | yments You Made or Debtor 2's deb btor 1 nor Debtor rimarily for a person 90 days before you Go to line 7. List below each of creditor. Do not in payments to an a o adjustment on 4/4 r Debtor 2 or both | rces of income cribe below. Before You Filed for Ests primarily consumer 2 has primarily consumer and, family, or household preditor to whom you paid include payments for don torney for this bankruptcon 1/19 and every 3 years an have primarily consumers. | each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,425* or more in onestic support obligations, suly case. after that for cases filed on or a mer debts. | Sources of income Describe below. are defined in 11 U.S.C. \$6,425* or more? ne or more payments ar ch as child support and after the date of adjustm | (before deductions and exclusions and exclusions § 101(8) as "incurred by the total amount you part alimony. Also, do not in | tions s) an aid tha |
| 6. <u>Ar</u> | e either No. | Debtor 1's Neither De individual p During the No. Yes * Subject t Debtor 1 o During the | yments You Made or Debtor 2's deb bbtor 1 nor Debtor rimarily for a person 90 days before you Go to line 7. List below each c creditor. Do not in payments to an a so adjustment on 4/ r Debtor 2 or both 90 days before you Go to line 7. List below each c | te Before You Filed for Ests primarily consumer 2 has primarily consumer 1 had, family, or household preditor to whom you paid include payments for don't torney for this bankruptcon 1/19 and every 3 years and have primarily consumer 1 have primarily consumer 2 has primarily consumer 2 has primarily consumer 2 has primarily consumer 2 has primarily consumer 2 have primarily consum | each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,425* or more in onestic support obligations, suly case. after that for cases filed on or a mer debts. | Sources of income Describe below. are defined in 11 U.S.C. \$6,425* or more? ne or more payments are ch as child support and after the date of adjustm \$600 or more? e total amount you paid | (before deductions and exclusions and exclusions \$ 101(8) as "incurred by the total amount you part alimony. Also, do not intent. | aid that |

Case 17-17970 Doc 1 Filed 06/13/17 Entered 06/13/17 14:51:24 Page 52 of 56 Document ase number (if known) Debtor 1 King, Kimberly G Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider Reason for this payment Insider's Name and Address Dates of payment Total amount Amount you Include creditor's name paid still owe Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο П Yes. Fill in the details. Status of the case Case title Nature of the case Court or agency Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address Value of the Describe the Property Date property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Nο

8.

Yes

List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Address:

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per Describe the gifts Dates you gave person the gifts Person to Whom You Gave the Gift and

Value

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| Deb | otor 1 | King, Kimberly G | | | Case nu | umber (if known) | |
|-----|-----------------|---|--------------------------|--|------------------------|-----------------------------------|--------------------------|
| | | | | | | | |
| 14. | _ | in 2 years before you filed for band | kruptcy, d | id you give any gifts o | r contributions with a | a total value of more than \$6 | 600 to any charity? |
| | _ | Yes. Fill in the details for each gift or | contribution | n. | | | |
| | more Char | s or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP C | | Describe what you o | ontributed | Dates you contributed | Value |
| Par | t 6: | List Certain Losses | | | | | |
| 15. | | in 1 year before you filed for banki mbling? | ruptcy or | since you filed for ban | kruptcy, did you lose | anything because of theft, | fire, other disaster, |
| | _ | No Yes. Fill in the details. | | | | | |
| | | cribe the property you lost and the loss occurred | Include | be any insurance cover the amount that insurance claims on line 33 of | nce has paid. List pen | O . | Value of property los |
| Par | t 7: | List Certain Payments or Transfe | ers | | | | |
| 16. | Includ | in 1 year before you filed for banki ulted about seeking bankruptcy of de any attorneys, bankruptcy petition No Yes. Fill in the details. | r preparin | g a bankruptcy petitio | n? | | to anyone you |
| | Addı Ema | on Who Was Paid ress iil or website address on Who Made the Payment, if Not | You | Description and value transferred | ie of any property | Date payment or transfer was made | Amount o paymen |
| | Suit | v Offices Of Thomas W Drexle te 1910 77 W Washington cago, IL 60602 | er | 519 | | September 2013 | \$0.00 |
| 17. | prom | in 1 year before you filed for banki iised to help you deal with your cr ot include any payment or transfer tha | editors or | to make payments to | | pay or transfer any property | / to anyone who |
| | _ | No Yes. Fill in the details. | | | | | |
| | Pers Addı | on Who Was Paid ress | | Description and value transferred | ue of any property | Date payment or transfer was made | Amount o paymen |
| 18. | Include gifts a | in 2 years before you filed for band ferred in the ordinary course of you de both outright transfers and transfer and transfers that you have already lis No Yes. Fill in the details. | our busine rs made as | ess or financial affairs s security (such as the g | ? | | |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Description and value of

property transferred

Describe any property or

paid in exchange

payments received or debts

Address

Date transfer was

made

Person Who Received Transfer

Person's relationship to you

| Del | btor 1 King, Kimberly G | Document | Page 54 | of 56 Case number | (if known) | |
|-----|--|--|--|----------------------|--|---|
| | beneficiary? (These are often called asset-prot ■ No □ Yes. Fill in the details. | ection devices.) | | | | |
| | Name of trust | Description and | I value of the pro | operty transferi | red | Date Transfer was made |
| Par | rt 8: List of Certain Financial Accounts, Ins | truments, Safe Depos | it Boxes, and St | orage Units | | maac |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No Yes. Fill in the details. | r other financial accou | ınts; certificates | of deposit; sha | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of acc instrument | cl m | ate account was losed, sold, noved, or ransferred | Last balance before closing or transfer |
| | TCF Bank | XXXX-Checking Account | ☐ Checking ☐ Savings ☐ Money M ☐ Brokerage ☐ Other | 2 arket | closed February 013 | \$0.00 |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | ear before you filed fo | or bankruptcy, a | ny safe deposit | box or other deposi | tory for securities, |
| | No | | | | | |
| | ☐ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had a Address (Number and ZIP Code) | | Describe the | contents | Do you still have it? |
| 22. | Have you stored property in a storage unit o ■ No □ Yes. Fill in the details. | r place other than you | ır home within 1 | year before yo | ou filed for bankruptc | y? |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has of to it? Address (Number and ZIP Code) | | Describe the | contents | Do you still have it? |
| Par | tt 9: Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | someone. | meone else owns? Inc | lude any proper | ty you borrowe | ed from, are storing fo | or, or hold in trust for |
| | ☐ Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City Code) | | Describe the | property | Value |
| Par | rt 10: Give Details About Environmental Info | ormation | | | | |

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous

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material, pollutant, contaminant, or similar term.

| Rep | ort a | II notices, releases, and proceedings that | you know abou | t, regardless of when | they | occurred. | | | |
|-----|---|---|--|--|--------|---|--------------------|--|--|
| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governme Address (N ZIP Code) | ental unit lumber, Street, City, State an | ıd | Environmental law, if you know it | Date of notice | | |
| 25. | _ | re you notified any governmental unit of a | ny release of ha | zardous material? | | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governme Address (N ZIP Code) | ental unit lumber, Street, City, State an | ıd | Environmental law, if you know it | Date of notice | | |
| 26. | Hav | re you been a party in any judicial or adm | nistrative proce | eding under any envi | ronm | ental law? Include settlements and | d orders. | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | se Title se Number | Court or a Name Address (Nand ZIP Code | lumber, Street, City, State | Nat | ture of the case | Status of the case | | |
| Par | t 11: | Give Details About Your Business or C | onnections to A | ny Business | | | | | |
| 27. | Wit | hin 4 years before you filed for bankrupto | y, did you own a | a business or have an | y of t | he following connections to any b | usiness? | | |
| | | ☐ A sole proprietor or self-employed in | a trade, profess | sion, or other activity, | eithe | er full-time or part-time | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | | \square An officer, director, or managing exe | cutive of a corpo | oration | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | | |
| | | Yes. Check all that apply above and fill i | n the details bel | ow for each business. | | | | | |
| | Address | | | ature of the business | | Employer Identification number Do not include Social Security number or ITIN. | | | |
| | (Nu | mber, Street, City, State and ZIP Code) | Name of accoun | ntant or bookkeeper | | Dates business existed | | | |
| 28. | | hin 2 years before you filed for bankrupto itutions, creditors, or other parties. | y, did you give a | a financial statement t | o any | yone about your business? Include | e all financial | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | | | |
| Par | t 12: | Sign Below | | | | | | | |
| Lha | 10 ro | and the answers on this Statement of Fina | acial Affaire and | lany attachments and | 4142 | solare under penalty of periury that | the answers are | | |

true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a

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bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kimberly G King
Kimberly G King
Signature of Debtor 2

Date June 13, 2017

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
Yes. Name of Person
Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).